|   |   |  |                       |             |                                 |                  |   |               | Application or Docket Number |            |                     |                        |  |
|---|---|--|-----------------------|-------------|---------------------------------|------------------|---|---------------|------------------------------|------------|---------------------|------------------------|--|
| PATENT-APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001  |   |  |                       |             |                                 |                  |   |               |                              |            |                     | ŀ                      |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |   |  |                       |             |                                 |                  |   | SMALL<br>TYPE | ENTY                         | OR         | OTHER<br>SMALL      |                        |  |
| то  | TAL CLAIMS  |  | 14                    | <u>.</u>    |                                 |                  | ı   | RATE          | T FEE                        | 1          | RATE                | FEE                    |  |
| FO  |   |  | NUMBER FILED          |             | NUMBER EXTRA                    |                  |   | BASIC F       | 370.00                       |            | BASIC FEE           | 740.00                 |  |
| то  | TAL CHARGEA   | BLE CLAIMS                                     | 1 4 minus 20=         |             | ·Ø                              |                  |   | X\$ 9=        |                              | OR         | X\$18=              |                        |  |
| INDEPENDENT CLAIMS  |   |  | minus 3 =             |             | \$                              |                  |   | X42=          |                              | OR         | X84=                |                        |  |
| ΜU  | LTIPLE DEPEN  | DENT CLAIM P                                   | RESENT                |             |                                 |                  |   | +140=         |                              | OR         | +280=               |                        |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |   |  |                       |             |                                 | olumn 2          |   | TOTAL         | <del>-</del>                 | OR         | TOTAL               | 740                    |  |
| CLAIMS AS AMENDED - PART II   |   |  |                       |             |                                 |                  |   | CRIAI         | ENTITY                       | <b>0</b> 0 | OTHER<br>SMALL      | THAN                   |  |
|   |   | (Column 1) CLAIMS                              |                       | HIGHEST     |                                 | (Column 3)       | 1   | SMALL         | ADDI-                        | OR<br>i    | SINALL              | ADDI-                  |  |
| AMENDMENT A   |   | REMAINING<br>AFTER<br>AMENDMENT                |                       | PREVI       | (BER<br>OUSLY<br>FOR            | PRESENT<br>EXTRA |   | RATE          |                              |            | RATE                | TIONAL                 |  |
|   | Total   | .20  | Minus                 | * /         | 20                              | =                |   | X\$ 9=        | 7                            | OR         | X\$18=              |                        |  |
| AME   | Independent   | • <u>3</u>                                     | Minus                 | ***         | 3                               | <u> -</u>        |   | X42=          | 7                            | OR         | X84=                |                        |  |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM  |   |  |                       |             |                                 |                  |   | +140          | /                            | OR         | +280=               |                        |  |
|   |   |  |                       |             |                                 |                  |   | TOY.          |                              | OR         | YOYAL<br>ADDIT, FEE |                        |  |
|   | (Column 1) (Column 2) (Column 3)  |  |                       |             |                                 |                  |   |               |                              |            |                     |                        |  |
| ENT B   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT      |                       | NUI<br>PREV | HEST<br>MBER<br>IOUSLY<br>D FOR | PRESENT<br>EXTRA |   | RATE          | ADDI-<br>TIONAL<br>FEE       |            | RATE                | ADDI-<br>TIONAL<br>FEE |  |
| AMENDMENT   | Total   | . 20   | Minus                 | ••          | 20                              | -                | ֓֞֜֞֜֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֟֜֓֓֓֓֡֡֡֡֓֓֓֡֡֡֡֡֡֓֓֡֡֡֡֓֓֡֓֡֡֡֡֡֡֡֓֓֡֡֡֡ | X\$ 9=        | :                            | OR         | X\$18≖              |                        |  |
| AME   | Independent<br>FIRST PRESE  | NTATION OF M                                   | Minus<br>IULTIPLE DÉI | PENDEN      | T CLAIM                         | <del>-</del> /-  | -   | X42=          |                              | OR         | X84=                |                        |  |
| /   |   |  |                       |             |                                 |                  |   | +140:         |                              | OR         | +280=               |                        |  |
|   |   |  |                       |             |                                 |                  |   | ADDIT. F      |                              | OR         | ADDIT. FEE          |                        |  |
|   | · · · · · · · · · · · · · · · · · · ·   | (Column 1)                                     | <del></del>           |             | ımn 2)<br>HEST                  | (Column 3)       |   |               |                              |            |                     |                        |  |
| AMENDMENT C   |   | REMAINING<br>AFTER<br>AMENDMENT                |                       | PREV        | MBER<br>NOUSLY<br>DEOR          | PRESENT<br>EXTRA |   | RATE          |                              |            | RATE                | ADDI-<br>TIONAL        |  |
|   | Total   | . 20   | Minus                 | (           | 20                              | -                | 1   | X\$ 9=        | FEE                          |            | X\$18=              | FEE                    |  |
|   | Independent   | · 3  | Minus                 | •••         | 3                               | 1/_              | ]   | X42=          | 1                            | OR         | VOA                 |                        |  |
| F   | FIRST PRESI   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                       |             |                                 |                  |   | 1140          | _                            | 1          |                     |                        |  |
|   | * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |                       |             |                                 |                  |   | +140=<br>TOT  |                              | JOR<br>JOB | +280=<br>TOTAL      | <b> </b>               |  |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE Thighest Number Previously Paid For (Total or Independent) is the highest number found in the appropriate box in column 1. |   |  |                       |             |                                 |                  |   |               |                              |            |                     |                        |  |
|   | <u> </u>  | :  |                       |             | ,                               |                  |   |               |                              | سحبي       |                     |                        |  |
| FOR   | M PTO-875 (Rev. 6   | W011   |                       |             |                                 |                  | Pa  | tent and Tra  | edemark Office, (            | IS DE      | PARTMENT C          | # COMMERCE             |  |

Best Available Cony